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FACSIMILE COVER SHEET

OFFICIAL

April 5, 2004

Receiver: Examiner Binh An Duc Nguyen
USPTO

FAX #: 703-872-9306

Sender: Tomika Thomas, Patent Secretary to:
DAVID P. OLYNICK

Our Ref. No.: IGT1P045/P-477
Application No.: 09/718,974

Re: Request for Continued Examination/
Amendment B

Pages Including Cover Sheet(s): 12

MESSAGE:

Please charge the required fees to facilitate filing to Deposit Account No. 500388 (IGT1P045). If you should have any questions or need further information, please do not hesitate to contact our office.

CONFIDENTIALITY NOTE

The information contained in this facsimile (FAX) message is legally privileged and confidential information intended only for the use of the receiver or firm named above. If the reader of this message is not the intended receiver, you are hereby notified that any dissemination, distribution or copying of this FAX is strictly prohibited. If you have received this FAX in error, please immediately notify the sender at the telephone number provided above and return the original message to the sender at the address above via the United States Postal Service. Thank you.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Richard E. Rowe

Attorney Docket No.: IGT1P045/P-477

Application No.: 09/718,974

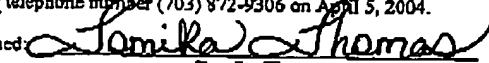
Examiner: Binh An Duc Nguyen

Filed: November 22, 2000

Group: 3713

Title: EZ PAY SMART CARD AND TICKET
SYSTEM**CERTIFICATE OF TRANSMISSION**

I hereby certify that this correspondence is being transmitted via facsimile to the U.S. Patent and Trademark Office, Attention: Examiner Nguyen, Central Facsimile telephone number (703) 872-9306 on April 5, 2004.

Signed: 
Tomika Thomas

AMENDMENT TRANSMITTAL

Mail Stop Non Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

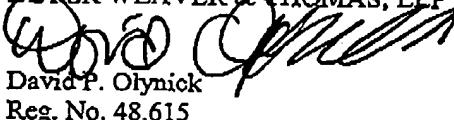
| | Claims After Amendment | | Highest Previously Paid For | Present Extra | Small Entity Rate Fee | Large Entity Rate Fee |
|--|------------------------------|-------|-----------------------------------|------------------|--------------------------|--------------------------|
| Total Claims | 25 | MINUS | 25 | 0 | x 9 = | x 18 = 0 |
| Independent Claims | 2 | MINUS | 2 | 0 | x 43 = | x 86 = 0 |
| Multiple Dependent Claim Present and Fee Not Previously Paid | | | | | \$145.00 | \$290.00 |
| | | | | Total | \$ | \$0 |

Applicant(s) hereby petition for a 1 month extension(s) of time to respond to the aforementioned Office Action.

Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.

Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. IGT1P045).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP



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